

Zoning Permit Application

Applicant Name: _____ Application #: _____

Mailing Address: _____ Tax Parcel ID #: _____

Telephone # (Daytime): _____

Property Owner Name: _____

Landowner's Signature: _____

LOCATION OF PROPERTY: _____

(# & Street/Road)

PROPOSED CHANGE

Describe current use of the property: _____

Describe structures/improvements currently on property: _____

Describe proposed use of the property: _____

Describe proposed structures/improvements: _____

Has this parcel of land been the subject of any prior Town Zoning Permits or Subdivision Permits? If yes, indicate for what (use permit numbers if available)

DIMENSIONS

Parcel Size: _____ Lot Depth _____ ft.

Frontage on Street/Road/Right of Way _____ ft.

Proposed Structure: Width _____ ft. Length _____ ft.

Height _____ ft. Footprint sq. footage _____ sq. ft.

Total sq. footage _____ sq. ft.

Setbacks: Provide all of the following measurements from both the PROPOSED and the EXISTING building(s) and/or improvements on the sketch plan. Measure from the closest part of the structure/improvement to the appropriate line.

PROPOSED EXISTING

Distance to: Front lot line _____ ft. _____ ft.

Rear lot line _____ ft. _____ ft.

Side lot line _____ ft. _____ ft.

Other side lot line _____ ft. _____ ft.

ADDITIONAL INFORMATION:

Who owns adjoining property?: _____

Property access (public road frontage, public water frontage, right-of-way): _____

Watercourses located on or adjoining property.....Yes ____ No ____

Slopes in excess of 10% on property.....Yes ____ No ____

Wetlands located on or adjoining propertyYes ____ No ____

Flood plain/floodway located on property.....Yes ____ No ____

COMPLIANCE WITH PERFORMANCE STANDARDS: (Refer to Section 4.10 of the Windsor Zoning Regulation).

Does project involve or will it result in:

- Storage of flammable or explosive materialsYes ____ No ____
- Vibration detectable at property boundariesYes ____ No ____
- Electromagnetic radiation.....Yes ____ No ____
- Storage or use of radioactive materialYes ____ No ____
- Noise audible at property boundaries.....Yes ____ No ____
- Smoke, dust, odors or other forms of air pollution at property boundaries.....Yes ____ No ____
- Glare, light or reflection which constitute a nuisance.....Yes ____ No ____
- Release of heat, cold, moisture, mist, fog, precipitation, or condensation.....Yes ____ No ____

Describe any items for which a YES response was provided _____

NOTE: APPLICATION MUST BE ACCOMPANIED BY A SKETCH PLAN (a scaled drawing of the property) showing the following: 1) property boundaries with dimensions, 2) existing structure/improvements with identification of any to be removed, 3) proposed structures/improvements with dimensions, 4) distance between structures and property boundaries. Additional information based on specific zoning bylaw requirements include 5) watercourses, 6) steep slopes, 7) wetlands.

Applicant/Owner Certification

The undersigned hereby affirms that the information presented in this application is true, accurate and complete.

Applicant Signature Date _____

The undersigned property owner hereby consents to submission of this application and understands that if the application is approved, the zoning permit and any attached conditions will be binding on the property.

Property Owner Signature Date _____

ADMINISTRATIVE OFFICER ACTION

Date Received: _____ Fee Received: \$ _____

Identification of Zoning District: _____ Identification of proposed use: _____

Proposed use type: ☐ Permitted ☐ Conditional

Denied pending **site plan** approval: _____

Admin Officer's Initials Date

Date of **site plan** approval/denial: _____

Approval Date Denial Date

Denied pending **subdivision** approval: _____

Admin Officer's Initials Date

Date of **subdivision** approval/denial: _____

Approval Date Denial Date

Denied pending **conditional use** approval: _____

Admin Officer's Initials Date

Date of **conditional use** approval/denial: _____

Approval Date Denial Date

Denied pending **variance** approval: _____

Admin Officer's Initials Date

Date of **variance** approval/denial: _____

Approval Date Denial Date

FINAL ADMINISTRATIVE OFFICER ACTION ZONING PERMIT

APPROVED _____

Date of Approval Administrative Officer's Signature _____

If permitted activity or construction has not been completed within one year of approval, this permit shall expire on

Date

DENIED _____

Date of Denial

Reason for denial: _____

Administrative Officer's Signature _____

Notice of Appeal Rights

Any interested person may appeal this decision by filing a written notice of appeal with the clerk of the Development Review Board, _____, within 15 days of the date of this decision. The notice of appeal must be accompanied by a filing fee of \$_____.